



Behavioral
Health
Division

Extraordinary Care Committee (ECC) Request

Behavioral Health Division,
Developmental Disabilities Section
Phone (307) 777-7115
Fax (307) 777-6047

Participant Legal Name: _____ Participant Age: _____ Participant Support Specialist Name: _____

Waiver: _____ Med ID #: _____ Case Manager Name: _____

REQUEST INFORMATION

The Case Manager, in conjunction with the team members, shall provide justification for each service requested. The questions below shall be completed to give background information on the person's case and provide supporting information for the request. The Division may request more information, additional documentation, or information from other team members to support a request before it is reviewed by the Division. Completed requests should be submitted in EMWS under supplemental requests, ECC request.

For [all ECC requests](#), answer questions 1 through 4.

1. Specify the exact request to include specific services, units, and dollar amount. Then describe the reason for the ECC request as specified in the Division's policy. Include factors or conditions that necessitate this request for additional funding.

2. Describe why the additional funding for service(s) is functionally and/or medically necessary based upon assessed needs of the participant.

3. Explain why were the requested services not in the previous plan?

4. Describe the outcome of using other non-waiver services, such as natural and paid supports, which were explored and instituted to meet the participant's needs.

If additional supervision is needed due to [increased behavioral issues](#), also answer questions 5-7.

5. Submit a summary report that includes trend analysis of behaviors, types of behaviors, the antecedents, and possible environmental factors, including staff persons and time of day when behaviors tend to occur.

Submitted separately: ☐ Yes ☐ No If no, please write the summary below.

Summary: _____

6. Explain the changes made in the person's services, environment, or routine in response to the occurrence of the targeted behaviors(s).

7. List the psychologist, behavioral specialist or other medical professional(s) involved in the participant's recent situation and describe the recommendations received.

NOTE: If the request meets the criteria for the Extraordinary Care Committee to review, the Participant Support Unit Manager will refer the case to ECC and the Division shall work with the Case Manager if additional information is needed.